



MARINE MAMMAL CARE CENTER LOS ANGELES
3601 S. Gaffey Street · San Pedro, CA 90731
(310) 548-5677 · (310) 548-6394 Fax

REQUIREMENTS FOR VOLUNTEERS
PLEASE READ CAREFULLY BEFORE SIGNING

The following constitutes an agreement between:

(print full name)

and Marine Mammal Care Center Los Angeles

- I am at least 18 years of age, which I must be for animal rehabilitation work.
- I understand that as a volunteer I will not receive pay or benefits such as medical insurance or workers compensation.
- I agree not to use or possess alcohol, drugs, controlled substances, or weapons onsite or while working with the animals. (We are on LAUSD property. Possession of any of the above is a felony). I understand that this also applies to any prescribed medication which could have behavior altering effects.
- I understand there is no smoking in any building or animal area.
- I agree to spend a minimum of one shift per week, for the hours approved by my supervisor, and to inform my supervisor as soon as possible if I am unable to attend my shift. I agree to notify my supervisor as far in advance as possible should I decide to leave the program, thereby enabling the Center sufficient time to find a replacement.
- I authorize Marine Mammal Care Center Los Angeles to obtain information regarding my driving record and insurance coverage before I drive any Center vehicle. I understand the information obtained will remain confidential and be used only in regard to the use of the Marine Mammal Care Center vehicle.
- I understand the procedure to be followed in event of a killer bee attack.
- I am aware of precautions to be taken to minimize contracting disease caused by blood-borne pathogens or other diseases.
- I understand that working around wild animals poses a clear and present danger and can be physically demanding. I certify that I am fit to perform the duties required of me at Marine Mammal Care Center Los Angeles.
- Should I be absent from my volunteer duties at Marine Mammal Care Center Los Angeles for health reasons which have required professional medical attention, I will bring a signed certification from my physician that I may return to the Care Center in a volunteer capacity.
- I agree to support and uphold the mission, guidelines, and procedures of Marine Mammal Care Center Los Angeles.

Volunteer Signature _____

Date: _____

Witness Signature _____

Date: _____